MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09399

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
LENGTH OF STAY (in this place) 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washingto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Maryland X
STREET ADDRESS (If rural give location) N. 128 Conococheague Street

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Harris (Last) Ardinger
4. DATE OF DEATH: (Month) Sept. (Day) 24 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan. 9, 1901
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months 8 Days 15 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Brick Yard
11. BIRTHPLACE (State or foreign country): Williamsport Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Harris Ardinger
14. MOTHER'S MAIDEN NAME: Lula Louisa Wolf
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 216-07-1195
17. INFORMANT & ADDRESS: Mrs. Hillard Moore Williamsport Md. (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Myocardial infarction — Interval Between Onset And Death: 12 hours
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary sclerosis — 6 months
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 12 19 53 to Sept 24 19 53, that I last saw the deceased alive on Sept 24, 1953, and that death occurred at 10:00 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wm. D. Logan, M.D. 5 Public Square Hagerstown Md. Sept 25 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 27-53
NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
LOCATION (City, town, or county) (State) Williamsport Md.

DATE REC'D BY LOCAL REGISTRAR Sept 25, 1953
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR ADDRESS Albert L. Leaf Williamsport, Md.

RECEIVED
SEP 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09400

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
LENGTH OF STAY (in this place) 2 hours.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. 20 Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brownsville X
STREET ADDRESS (If rural give location) Main St.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) F. (Last) Barrett

4. DATE OF DEATH: (Month) September (Day) 8 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June-16-1875
9. AGE last birthday: 78-2-22 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter Foreman Retired
10b. KIND OF BUSINESS OR INDUSTRY: B+O.R.R. Co
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: No Record
14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 705-12-1812
17. INFORMANT & ADDRESS: Mrs. Edward F. Davis - Brownsville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Cardio-renal arteriosclerosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) with decompensation of heart

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 8, 1953, to Sept 8, 1953, that I last saw the deceased alive on Sept 8, 1953, and that death occurred at 6.15 PM, from the causes and on the date stated above.

SIGNATURE: C W Lilton (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 9/10/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial.
DATE THEREOF: Sept. 11. 1953
NAME OF CEMETERY OR CREMATORY: Church of the Brethren Country
LOCATION (City, town, or county) (State): Brownsville Wash. Co Md

DATE REC'D BY LOCAL REGISTRAR: Sept. 10, 1953
REGISTRAR'S SIGNATURE: Chas H. Bowers
24. FUNERAL DIRECTOR: Wm F. Bast & Sons - Boonsboro Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Le Van

M

1

T

RECEIVED
SEP 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09401

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN 03
LENGTH OF STAY (in this place) 28 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 322 W. WILSON BLVD. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN 03
STREET ADDRESS (If rural give location) 322 W. WILSON BLVD.

3. NAME OF DECEASED: (Type or Print) (First) DOROTHY (Middle) ELIZABETH (Last) BITTINGER

4. DATE OF DEATH: (Month) SEPT. (Day) 8 (Year) 19 53

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 2/10/1911

9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA 35

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: C. FREDERICK DOWNIN

14. MOTHER'S MAIDEN NAME: IDA H. BURGER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: MR. CECIL BITTINGER HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset and Death

199.1 Immediate cause — (a) Acute Myocardial Insufficiency — 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Visceral Carcinomatosis — 10 yrs.
DUE TO (c) Generalized

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1/53 19..... to 9/8/53 19....., that I last saw the deceased alive on 9/8/53 19....., and that death occurred at 7:30 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9/11/53 — NAME OF CEMETERY OR CREMATORY Rose Hill Cem. — LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 10, 1953 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS W. J. Normentt, Hagerstown Md.

RECEIVED
SEP 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr Sullivan 09402

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03

LENGTH OF STAY (in this place) 12 weeks

HOSPITAL OR INSTITUTION OR STREET ADDRESS 539 Salem Ave X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03

STREET ADDRESS (If rural give location) 539 Salem Ave

3. NAME OF DECEASED: (Type or Print) (First) DENNIS (Middle) DAVID (Last) BRICKER

4. DATE OF DEATH: (Month) (Day) (Year) Sept 19 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, Single

8. DATE OF BIRTH: June 22 1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 2 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY: ------

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Omar E. Bricker

14. MOTHER'S MAIDEN NAME: Donna Armstrong

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ------

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Omar E. Brickern

18. MEDICAL CERTIFICATION 539 Salem Ave Hagerstown Md.

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

924.0

Immediate cause (a) Suffocation — Interval Between Onset And Death: Immediate

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Bronchopneumonia — unknown

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Hagerstown (COUNTY) Washington (STATE) Maryland

TIME OF INJURY (Month) 9 (Day) 19 (Year) 53 (Hour) A m.

INJURY OCCURED While at Work ☐ Not While At Work ☒

HOW DID INJURY OCCUR? Suffocated in Crib

22. I hereby certify that I attended the deceased from 6-22, 1953, to 9-19, 1953, that I last saw the deceased alive on 9-4, 1953 and that death occurred at Home, from the causes and on the date stated above.

SIGNATURE S. Magnus Sullivan (Degree or title) M.D. ADDRESS 115 King St DATE SIGNED 9-21-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 9-21-53

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 21, 1953

REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md

2063192322

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. M5

RECEIVED
SEP 23 1953
BUREAU V. S.

Item 21 Film G157 9-10-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09403

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN 03
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLSND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN 03
STREET ADDRESS (If rural give location) 1031 SPRUCE ST.

3. NAME OF DECEASED: (Type or Print) (First) PAUL (Middle) OWEN (Last) BUTLER JR.
4. DATE OF DEATH: (Month) SEPT. (Day) 4 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): 9
8. DATE OF BIRTH: 3/25/1939
9. AGE last birthday: 14 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PUPIL
10b. KIND OF BUSINESS OR INDUSTRY: JR. HIGH SCHOOL
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: PAUL O. BUTLER SR.
14. MOTHER'S MAIDEN NAME: EDNA M. BARNHART

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: MR. PAUL O. BUTLER SR. HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

819X

Immediate cause (a) Laceration of Brain — Since July 7, 1953

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Fracture of skull — Since July 7, 1953

DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Rt 40 near (CITY OR TOWN) Funkstown (COUNTY) Wash.Co. (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) July 7 1953 9P m.
INJURY OCCURED While at Work ☐ Not While At Work ☒ 1
HOW DID INJURY OCCUR? Riding hood of car - car struck stone wall

22. I hereby certify that I attended the deceased from July 7, 1953, to Sept 4th, 1953, that I last saw the deceased alive on Sept 4th, 1953, and that death occurred at 1 30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] MD
ADDRESS Hagerstown Md
DATE SIGNED 9/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/7/53
NAME OF CEMETERY OR CREMATORY Rest Haven Cem.
LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 5, 1953
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR W. T. Norment, ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 8 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 352

1. PLACE OF DEATH:

COUNTY Washington Co. MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown

LENGTH OF STAY (in this place) 24 hrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Rt #1

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Alfred (Middle) Harvey (Last) Byers

4. DATE OF DEATH: (Month) Sept. (Day) 25 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) ~~Married~~ widowed

8. DATE OF BIRTH: May 5 - 1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months 4 Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): self Labour

10b. KIND OF BUSINESS OR INDUSTRY: C & O Canal

11. BIRTHPLACE (State or foreign country): Donnelly's Mills Perry Co. Penna

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Byers

14. MOTHER'S MAIDEN NAME: Jemima Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Miss Minnie M. Byers Wash., D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 610 X

Immediate cause (a) Acute myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertrophied Prostate — 4 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Sept 1953, to 25 Sept 1953, that I last saw the deceased alive on 25 Sept 1953, and that death occurred at 8 55 P.M., from the causes and on the date stated above.

SIGNATURE Paul Hook M.D. (DEGREE OR TITLE) ADDRESS Williamsport Md. DATE SIGNED 25 Sept 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Sept 29, 1953 NAME OF CEMETERY OR CREMATORY Green Hill Cemetery LOCATION (City, town, or county) Hagerstown (State) Penna.

DATE REC'D BY LOCAL REG. Sept. 28, 1953 REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnick Son ADDRESS Smithsburg, Md.

RECEIVED
SEP 30 1953
BUREAU V. S.

Item 9 - Film B158-9/10/53 - mmt

Dr. Hirshman

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

405

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Cty. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 108 Hollywood Rd.

3. NAME OF DECEASED: (First) Herman (Middle) H. (Last) Carl

4. DATE OF DEATH: (Month) Sept. (Day) 5 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 8, 1890

9. AGE last birthday: 62 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY: Fairchild Aircraft Harrisburg, Pa.

11. BIRTHPLACE (State or foreign country): [illegible]

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John B. Carl

14. MOTHER'S MAIDEN NAME: Henrietta Saubier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 211-14-6534

17. INFORMANT & ADDRESS: Mrs. Herman Carl

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset And Death: 1 yr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 1953, to Sept 5, 1953, that I last saw the deceased alive on Sept 5, 1953, and that death occurred at 1:15 PM from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD — ADDRESS: Hagerstown Md — DATE SIGNED: 9/7/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9-8-1953 — NAME OF CEMETERY OR CREMATORY: Strangs Cemetery — LOCATION (City, town, or county) (State): Fayettsville, Pa. R # 2

DATE REC'D BY LOCAL REGISTRAR: Sept. 7, 1953 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman, Hagerstown, Md.

VS. A15

RECEIVED
SEP 0 1933
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00106

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co Hospital Hagerstown Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural, give location) 26½ E Franklin

3. NAME OF DECEASED: (Type or Print) (First) FANNIE (Middle) E. (Last) COFFEY

4. DATE OF DEATH: (Month) Sept. (Day) 22 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: 12/31/1878
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) House Keeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Clearspring Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James T. Draper
14. MOTHER'S MAIDEN NAME: Mary E. Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Fred Draper, Clearspring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 156.1

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma Liver	3 mo
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-12-53
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-29, 1953, to 9-22, 1953, that I last saw the deceased alive on 9-21-53, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

SIGNATURE S. DW Dittey (DEGREE OR TITLE) ADDRESS Hagerstown Md DATE SIGNED 9/23/53

23. BURIAL, CREMATION REMOVAL (Specify): B.
DATE THEREOF 9/25/53
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Greencastle, Pa.

DATE REC'D BY LOCAL REG. Sept 23 1953
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR A. E. Minnich Greencastle Pa. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

1

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 18 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1313 Capital Street, N. W.

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Ann (Last) Combs

4. DATE OF DEATH: (Month) September (Day) 6, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 5, 1945

9. AGE last birthday: 8 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edgar A. Combs

14. MOTHER'S MAIDEN NAME: Deloris Woods

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Walter Newton, Route 6, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured skull — Interval between onset and death: 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) INJURY: Rt 40 — (CITY OR TOWN) 3 mi East of Hagerstown — (COUNTY) Washington — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 9-5-53 7 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Thrown from car in auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: L. D. Wolfe — (Degree or title) acting Dpty Med Exam — ADDRESS Hagerstown Md — DATE SIGNED 9/7/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept. 10, 1953 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln — LOCATION (City, town, or county) (State): Bladensburg, Maryland

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: M. R. Etchison & Son, Frederick, Maryland

Request sent to R. Smith, attorney, Frederick.

VS. A1A

RECEIVED
BUREAU V. S.

Dr. Ditto III

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 330 McDowell Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 330 McDowell Ave

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) FURLOUGH (Last) CORWELL

4. DATE OF DEATH: (Month) Sept (Day) 20 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 15 1882

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Spring Gap Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nathaniel Corwell

14. MOTHER'S MAIDEN NAME: Sarah Twigg

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) ------

16. SOCIAL SECURITY NO.: [illegible]

17. INFORMANT & ADDRESS: Anna Flake Corwell

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) Carcinoma of Prostate

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) metastasis
DUE TO (c)

Interval Between Onset And Death: (a) 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1953, to Sept. 20, 1953, that I last saw the deceased alive on Sept. 20, 1953, and that death occurred at 1.35 PM., from the causes and on the date stated above.

SIGNATURE Edw. W. Ditto III (Degree or title) M.D. ADDRESS 212 W. Washington St. DATE SIGNED 9/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-22-53
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 21. 1953
REGISTRAR'S SIGNATURE Ethel H. Howard

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN San Mar - X — LENGTH OF STAY (in this place) 7 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Takoma - Keedy Memorial Home 160

2. USUAL RESIDENCE (HOME) OF DECEASED: Monty.
STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN San Mar - Silver Spring
STREET ADDRESS 202 (If rural give location) Hamilton Ave
Takoma - Keedy Memorial Home

3. NAME OF DECEASED: (Type or Print) (First) Daisy (Middle) Virginia (Last) Craig

4. DATE OF DEATH: (Month) September (Day) 3 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 19, 1883

9. AGE Last birthday: 69-8-14 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None.

10b. KIND OF BUSINESS OR INDUSTRY: Inmate of Home.

11. BIRTHPLACE (State or foreign country): Bridgewater Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elder A. C. Miller

14. MOTHER'S MAIDEN NAME: Sally M. Sandy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No.

16. SOCIAL SECURITY No.: None.

17. INFORMANT & ADDRESS: Hamilton Miller 202 E. Hamilton Ave. Silver Spring Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cancer of uterus — 10 months

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 28, 1952, to Sept 3, 1953, that I last saw the deceased alive on Sept 1, 1953, and that death occurred at 9:45 AM., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS Bonsboro - DATE SIGNED 9/5/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept. 5. 1953 — NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery — LOCATION (City, town, or county) (State) Suitland Prince George Co. Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 3. 1953 — REGISTRAR'S SIGNATURE John W. Batt

24. FUNERAL DIRECTOR Neal Funeral Home — ADDRESS Upper Marlboro

RECEIVED
SEP 9 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1805

Reg. Dist. No. ~~302~~

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural X
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fahrney Keedy Mem. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural X
STREET ADDRESS (If rural give location) Fahrney Keedy Mem. Home

3. NAME OF DECEASED: (Type or Print) (First) Lucinda (Middle) Irene (Last) Cummings

4. DATE OF DEATH: (Month) Sept. (Day) 28 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-26-1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months 3 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Music Teacher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Cummings

14. MOTHER'S MAIDEN NAME: Susan Hawbaker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Oscar M. Cummings, Fahrney Keedy Home, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 7 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis — 10 yr

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 27, 1953, to Sept 28, 1953, that I last saw the deceased alive on Sept 28, 1953, and that death occurred at 12:40 A.M. from the causes and on the date stated above.

SIGNATURE G. G. Kohler (Degree or title) M.D. ADDRESS Smithsburg DATE SIGNED 9/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 9-30-1953 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery LOCATION (City, town, or county) Hagerstown, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR Sept. 30, 1953 REGISTRAR'S SIGNATURE John [illegible]

24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 6 1953
BUREAU V. S.

Dr. Ditto

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 304

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport — RURAL: X — LENGTH OF STAY (in this place): 70
HOSPITAL OR INSTITUTION OR STREET ADDRESS: — X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport, R #1
STREET ADDRESS (If rural give location): —

3. NAME OF DECEASED: (First) Hattie (Middle) Lavinia (Last) Dellinger

4. DATE OF DEATH: (Month) Sept. (Day) 13, (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 5, 1880

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Own Home

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Bakersville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Dellinger

14. MOTHER'S MAIDEN NAME: Mary Slifer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service): -----

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Miss Susan Dellinger

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Coronary Thrombosis — Interval Between Onset And Death: 12 hr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Arterio-sclerotic Heart Disease — 2 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1, 1953, to 9-15, 1953, that I last saw the deceased alive on 9-13, 1953, and that death occurred at 5:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): A. W. Ditto — ADDRESS: Hagerstown Md — DATE SIGNED: 9/15/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9-15-1953 — NAME OF CEMETERY OR CREMATORY: Riverview Cemetery — LOCATION (City, town, or county) (State): Williamsport, Md.

DATE REC'D BY LOCAL REGISTRAR: Sept. 14, 1953 — REGISTRAR'S SIGNATURE: Grace M. Elroy

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman, Hagerstown, Md.

VS. A15

RECEIVED
SEP 17 1 .3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr Ditto

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown

LENGTH OF STAY (in this place) 12 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown R # 1

~~STREET ADDRESS~~ (If rural give location) Beaver Creek

3. NAME OF DECEASED: (Type or Print) (First) LLOYD (Middle) ALVIN (Last) EICHELBERGER

4. DATE OF DEATH: (Month) Sept (Day) 11 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Aug 1 1909

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Tenant

11. BIRTHPLACE (State or foreign country): Clear Springs Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Eichelberger

14. MOTHER'S MAIDEN NAME: Ruth Hastings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Helen Eichelberger Hagerstown Md. R # 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

572.1

Immediate cause (a) Diverticulitis Gangrenous — Interval Between Onset And Death: 12 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Ileus (Paralytic) — 10 day

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 30, 1953, to Sept 11, 1953, that I last saw the deceased alive on Sept 11, 1953, and that death occurred at 6:30 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) D. E. W. Ditto

ADDRESS Hagerstown Md

DATE SIGNED 9/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 9/14/53

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 13, 1953

REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman

ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11

RECEIVED
SEP 15 1923
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]13

CERTIFICATE OF DEATH

Reg. Dist. No. 3025

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL X

LENGTH OF STAY (in this place): 7 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Fairplay

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — Washington COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL X

STREET ADDRESS (If rural give location): Fairplay

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
James	Arthur	Fauber, Jr.	Sept.	17	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	6-16-1897	56 yrs.	3	1		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
School Janitor	School Board	Carlisle, Pa.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James A. Fauber, Sr.	Anna ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	220-28-3199	Mrs. J. A. Fauber, Fairplay, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Urinary Bladder

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) ...

DUE TO

(c)

Interval Between Onset And Death: 0 mos

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3/17/53, 19..., to 9/17/53, 19..., that I last saw the deceased alive on 9/17/53, 19..., and that death occurred at 11:30 P.M. from the causes and on the date stated above.

SIGNATURE: C. E. Fauber Jr. (Degree or title) ADDRESS: Williamsport Md. DATE SIGNED: 9/20/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	9-21-1953	Manor Cemetery	Tilghmanton, Md.	

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 20. 1953	[illegible]	C. M. Suter & Sons, Hagerstown, Md.	

RECEIVED
SEP 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr Ditto 09414

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near williamsport
LENGTH OF STAY (in this place) 3 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Church Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Williamsport X
STREET ADDRESS (If rural give location) Homewood church Home

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) CATHERINE (Last) FIROR

4. DATE OF DEATH: (Month) Sept (Day) 15 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: July 17 1871

9. AGE last birthday: 82 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, (Never if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Graceham Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Firor

14. MOTHER'S MAIDEN NAME:

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) -----

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Homewood Church Home Records near williamsport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ch. Myocarditis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 5 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-1, 1953, to 9-15, 1953, that I last saw the deceased alive on 9-14, 1953, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE A. W Ditto (Degree or title)

ADDRESS Hagerstown Md

DATE SIGNED 9/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 9/17/53

NAME OF CEMETERY OR CREMATORY Reformed-U.B Cemetery

LOCATION (City, town, or county) Thurmont Md (State)

DATE REC'D BY LOCAL REGISTRAR Sept. 16 1953

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman

ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 18 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 115

CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock Md. X
LENGTH OF STAY (in this place) 60 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock Md. X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Ross (Last) Fite

4. DATE OF DEATH: (Month) 9.12 (Day) 53 (Year) 19

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 10.6.78
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months 11 Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Reteried Justice of the Peace
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fulton County Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Fite
14. MOTHER'S MAIDEN NAME: Ellie Myers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Elizabeth Fite Hancock Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

463 X

Immediate cause (a) Pulmonary Infarction (Bilateral)
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Embolism
DUE TO

(c) Thrombophlebitis right leg

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: C
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to 9-12, 1953, that I last saw the deceased alive on 9-12, 1953, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Herbert R. Tobias M.D. ADDRESS Hancock Md DATE SIGNED 9-14-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9.15.53
NAME OF CEMETERY OR CREMATORY Rehobeth Cemetery Penna.
LOCATION (City, town, or county) (State) Near Hancock Md MD.

DATE REC'D BY LOCAL REGISTRAR 9-15/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Howard J. Grove Hancock Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A13

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr Victor Miller

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown — LENGTH OF STAY (in this place) 18 Days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital	STREET ADDRESS (If rural give location) 670 ~~Potomac Ave~~ OAK HILL. AVE.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) NEWTON (Last) FLEIGH

4. DATE OF DEATH: (Month) Sept (Day) 25 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widower	Apr 21 1860	93 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
R.R. Engineer	Retired	Owings Mills Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
August Fleigh	NonRecord

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	———	None	Harry A. Fleigh

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 9:3.9 (a) Hypertensive Cardio-Vascular Disease — Interval Between Onset And Death 10-15 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Fracture of neck right Femur — Sept 8-1953

DUE TO (c) Fall while walking behind an auto mobile.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0	0	Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Hagerstown (COUNTY) Washington (STATE) Md.

TIME OF INJURY (Month) 9 (Day) 8 (Year) 1953 (Hour) 3 P.m. — INJURY OCCURED While at Work ☐ Not While At Work ☑ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/8, 1953, to 9/25, 1953, that I last saw the deceased alive on 9/25, 1953, and that death occurred at 10 P.M. 9/25-1953 from the causes and on the date stated above.

SIGNATURE Victor D Miller (Degree or title) DR. VICTOR D. MILLER — ADDRESS 31 W. ... HAGERSTOWN MD. — DATE SIGNED 9/26-1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-28-53	Rest Haven Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 28, 1953 — REGISTRAR'S SIGNATURE Chas. P. Bowers — 24. FUNERAL DIRECTOR Andrew K. Coffman — ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 120 S. Locust St.

3. NAME OF DECEASED: (Type or Print) (First) Jessie (Middle) M (Last) Fox

4. DATE OF DEATH: (Month) Sept (Day) 29 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct 13, 1899
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Frederick County, Md.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles E. Martin
14. MOTHER'S MAIDEN NAME: Ell G. Sipes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-09-2710
17. INFORMANT & ADDRESS: Wm. Clayton Fox 120 S. Locust St. Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174X

Immediate cause (a) Hydronephrosis. - Bilat — Interval Between Onset And Death: months

DUE TO Carcinoma - uterus 2 yrs -

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 7, 1953, to Sept 29, 1953, that I last saw the deceased alive on Sept 29, 1953 and that death occurred at 7:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] MD
ADDRESS Hagerstown Md
DATE SIGNED 9/30/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct 2, 1953
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 30, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc. ADDRESS Wm. G. Hoot.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
OCT 2 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md
LENGTH OF STAY (In this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 Braxton Alley

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Maryland
STREET ADDRESS (If rural, give location) 19 Braxton Alley

3. NAME OF DECEASED (Type or Print): (First) Geneva (Middle) Elizabeth (Last) Fowler

4. DATE OF DEATH: (Month) 9 (Day) 6 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) single

8. DATE OF BIRTH: 4-27-1917

9. AGE last birthday: 36 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: housemaid

11. BIRTHPLACE (State or foreign country): Beaver Creek, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eager Snively

14. MOTHER'S MAIDEN NAME: Ablie Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Marcella V. Fowler 19 Braxton alley Hagerstown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 6 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) [illegible] ADDRESS Hagerstown Md DATE SIGNED 9/10/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 9-10-1953
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Maryland.

DATE RECD BY LOCAL REG.: Sept. 10, 1953
REGISTRAR'S SIGNATURE: Grant Bowers
24. FUNERAL DIRECTOR: John R Watson Jr
ADDRESS: Hagerstown Md

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
BUREAU V. S.

180

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ~~302~~ 39419

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural X
LENGTH OF STAY (in this place) 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 63
STREET ADDRESS (If rural give location) 642 Highland Way

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) M. (Last) France
4. DATE OF DEATH: (Month) Sept. (Day) 25 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 1-9-1862
9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR Months 8 Days 16 IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Huyetts Crossroads, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Elias Mowen
14. MOTHER'S MAIDEN NAME: Hadassah Willis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Mrs. Ellsworth H. Geist, Hagerstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chr. Endocarditis — Interval Between Onset And Death: 10 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Arterial Sclerosis — 10 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953, to Sept. 21, 1953, that I last saw the deceased alive on Sept 25, 1953, and that death occurred at 10:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) David P. Brewer M.D. ADDRESS Clear Spring Md. DATE SIGNED 9/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-28-1953
NAME OF CEMETERY OR CREMATORY Salem Reformed Cemetery
LOCATION (City, town, or county) (State) Salem, Maryland
DATE REC'D BY LOCAL REGISTRAR Sept 28, 1953
REGISTRAR'S SIGNATURE Joseph W. Murray Local
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wash. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Smithsburg
LENGTH OF STAY (in this place) 6 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS N. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wash., D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 4034 Blaine St., N.E.

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) (Last) Garvin

4. DATE OF DEATH: (Month) Sept. (Day) 6 (Year) 1953

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: May 7, 1878

9. AGE Last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Army

11. BIRTHPLACE (State or foreign country): Providence, R.I.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Rawson

14. MOTHER'S MAIDEN NAME: Bridget Kelly

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) April 5th 1899 Retired April 5th 1929

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: William Garvin, Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Congestive Heart Failure — Interval Between Onset And Death: 2 minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic Cardiovascular Disease — Years

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from —, 19—, to —, 19—, that I last saw the deceased alive on —, 19—, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Hagerstown, Md. DATE SIGNED 9/4/53.

23. BURIAL, CREMATION, REMOVAL (Specify) burial DATE THEREOF Sept. 10 53 NAME OF CEMETERY OR CREMATORY Arlington Nat. Cem. LOCATION (City, town, or county) Arlington, Va. (State)

DATE REC'D BY LOCAL REGISTRAR Sept. 5 53 REGISTRAR'S SIGNATURE Geo. W Ferguson

24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Smithsburg

VS. A

RECEIVED
SEP 0 - 3
BUREAU V. C

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 21

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 26 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1324 Potomac Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 1324 Potomac Avenue

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Andrew (Last) Gilleece, Jr.

4. DATE OF DEATH: (Month) Sept. (Day) 12 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-27-1896

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months 10 Days 1 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Lincense Inspector

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hancock, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas A. Gilleece, Sr.

14. MOTHER'S MAIDEN NAME: Mary Siler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Mrs. Thomas A. Gilleece Jr., Hagerstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X Immediate cause (a) Acute Cerebral Hemorrhage — 1/24

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) 1st Cerebral Hemorrhage — 7 yrs ago
DUE TO (c) 2nd Cerebral Hemorrhage — 3 yrs ago

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) N

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 1946, to 12 Sept, 1953, that I last saw the deceased alive on 20 July, 1953, and that death occurred at 4.45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): J F Busby — ADDRESS: 230 N Potomac, Hagerstown Md — DATE SIGNED: 14 Sept 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9-15-1953 — NAME OF CEMETERY OR CREMATORY: St. Peters Cemetery — LOCATION (City, town, or county) (State): Hancock, Maryland

DATE REC'D BY LOCAL REGISTRAR: Sept. 14, 1953 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR — ADDRESS: C. M. Suter & Sons, Hagerstown, Maryland

VS. A15

RECEIVED
SEP 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 515 Brown Ave X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Warren
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Front Royal Va.
STREET ADDRESS (If rural give location) V-45

3. NAME OF DECEASED: (Type or Print) (First) Manley (Middle) Edgar (Last) Gordon
4. DATE OF DEATH: (Month) Sept (Day) 19 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH:
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Hotel Clerk
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Warren County
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Manley E Irvin Gordon
14. MOTHER'S MAIDEN NAME: Mollie Grim
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Stanley Leach Grubbs Jr.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 3 mos

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypotensive Arterio Sclerotic Cardio Vascular Disease — 5 yrs +

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) N
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Sept, 1953, to 19 Sept, 1953, that I last saw the deceased alive on 19 Sept, 1953, and that death occurred at 805 PM, from the causes and on the date stated above.

SIGNATURE F F Lusky (Degree or title) M.D. ADDRESS 230 N Potomac DATE SIGNED 19 Sept 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept 22 1953
NAME OF CEMETERY OR CREMATORY Rockland
LOCATION (City, town, or county) (State) Bayard
DATE REC'D BY LOCAL REGISTRAR Sept. 20. 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR A.B. Scott ADDRESS Front Royal, Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) one month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 412 Reynolds Ave.

3. NAME OF DECEASED: (Type or Print) (First) Elmer (Middle) Charles (Last) Green

4. DATE OF DEATH: (Month) September (Day) 28 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 18. 1904
9. AGE last birthday: 49-2-10 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Sheet Metal Worker
10b. KIND OF BUSINESS OR INDUSTRY: Pinyhorn Corp.
11. BIRTHPLACE (State or foreign country): near Boonsboro Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Green
14. MOTHER'S MAIDEN NAME: Florence M. Paffenberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 215-09-7292
17. INFORMANT & ADDRESS: Mrs. Gladys Green. 412 Reynolds Ave. Hagerstown Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: onset 8/27/53

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Sept, 1953, to 28 Sept, 1953, that I last saw the deceased alive on 27 Sept, 1953, and that death occurred at 3:50 A.M., from the causes and on the date stated above.

SIGNATURE F. F. Lusby (Degree or title) MD ADDRESS 230 N Potomac Hagerstown DATE SIGNED 28 Sept 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 30. 1953
NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery
LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md.
DATE REC'D BY LOCAL REGISTRAR Sept 30, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Wm F. Bast & Sons ADDRESS Boonsboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—1

Or - Lusby

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Hook X
LENGTH OF STAY (in this place) 36 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Residence X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Hook X
STREET ADDRESS (If rural, give location) Main Street

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) EARLEN (Last) GREENWALT

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 10, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Feb. 11, 1904
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months 6 Days 29 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trackman
10b. KIND OF BUSINESS OR INDUSTRY: B.& O. Railroad
11. BIRTHPLACE (State or foreign country): Loudoun County, Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Abraham Greenwalt
14. MOTHER'S MAIDEN NAME: Mary Magdaline Mirley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: 579-10-9950
17. INFORMANT & ADDRESS: Margaret Greenwalt R.F.D.#1, Knoxville, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

026X

Immediate cause (a) Massive cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4 days.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Central nervous system lues — unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-4-1953, to 9-10-1953, that I last saw the deceased alive on 9-11-1953, and that death occurred at 9:45 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) MD ADDRESS Brunswick, Md. DATE SIGNED 9-11-53

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF Sept. 10, 1953
NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery
LOCATION (City, town, or county) (State) Loudoun County, Virginia

DATE REC'D BY LOCAL REG. Sept. 11, 1953
REGISTRAR'S SIGNATURE Cornelius W. Castle Deputy
24. FUNERAL DIRECTOR J. Donald Eckles
ADDRESS Bolivar, West Va.

VS. A15-8-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 14 1 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WILLIAMSPORT X
LENGTH OF STAY (in this place) 19 MO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WILLIAMSPORT NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN 02
STREET ADDRESS (If rural give location) 818 WOODLAND WAY

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) L. (Last) GROVE

4. DATE OF DEATH: (Month) (Day) (Year) SEPTEMBER - 20 - 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: OCT. 3 - 1860
9. AGE last birthday: 92-11-17 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RETIRED SCHOOL TEACHER -
10b. KIND OF BUSINESS OR INDUSTRY: PUBLIC SCHOOLS
11. BIRTHPLACE (State or foreign country): WOLFSVILLE FRED. CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES A. GROVE
14. MOTHER'S MAIDEN NAME: HARRIET HAYES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 NO. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MARK D. GROVE - 818 WOODLAND WAY - HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
490X
Immediate cause (a) DUE TO Pneumonia Labor, left
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Senility
(c)

Interval Between Onset And Death: 6 hours 5 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None -

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 May 1953, to 20 Sept, 1953, that I last saw the deceased alive on 20 Sept, 1953, and that death occurred at 9:55 PM, from the causes and on the date stated above.

SIGNATURE Paul Hook MD. (Degree or title) Williamsport, Maryland ADDRESS DATE SIGNED 20 Sept 1953

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF Sept. 23. 1953
NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY
LOCATION (City, town, or county) (State) BOONSBORO WASH. CO. MD.
DATE REC'D BY LOCAL REGISTRAR Sept 22-1953
REGISTRAR'S SIGNATURE E Lee McElroy
24. FUNERAL DIRECTOR WM. F. WHST AND SONS ADDRESS BOONSBORO MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP [illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro X — LENGTH OF STAY (in this place) 15 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lakin Ave. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro X
STREET ADDRESS (If rural give location) N. Main St.

3. NAME OF DECEASED: (Type or Print) (First) Mollie (Middle) M. (Last) Hagan
4. DATE OF DEATH: (Month) September (Day) 8. (Year) 1953
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: December 9 1878
9. AGE last birthday: 74-8-29 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Eakles Mill Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Hagan
14. MOTHER'S MAIDEN NAME: Susan Eakle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None.
17. INFORMANT & ADDRESS: Ted Snavely Boonsboro Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

1713 X

Immediate cause (a) Carcinoma of right breast — 2 yrs. 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1953, to Sept 8, 1953, that I last saw the deceased alive on Sept 8, 1953, and that death occurred at 6.05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. D. — ADDRESS Boonsboro Md. — DATE SIGNED 9-10-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept. 11. 1953 — NAME OF CEMETERY OR CREMATORY Fairview Cemetery — LOCATION (City, town, or county) (State) Keedysville Wash. Co. Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 11. 1953 — REGISTRAR'S SIGNATURE John W. Bast
24. FUNERAL DIRECTOR Wm. J. Bast & Sons — ADDRESS Boonsboro Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A15

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown, Md
LENGTH OF STAY (in this place) 1 Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 W Charles Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Maryland
STREET ADDRESS (If rural give location) 51 W Charles Street.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) William (Last) Harris

4. DATE OF DEATH: (Month) 9 (Day) 3 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 8-19-1903

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Foundry

11. BIRTHPLACE (State or foreign country): Leetown W. Va 45

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel William

14. MOTHER'S MAIDEN NAME: Carrie Bell 51 W Charles St.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: [illegible]

17. INFORMANT & ADDRESS: Ethel Harris 51 W Charles St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

201X

Immediate cause (a) Hodgkin's Disease

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset and Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 14, 1953, to Sept 3rd, 1953, that I last saw the deceased alive on Aug 30, 1953, and that death occurred at 2 30 pm from the causes and on the date stated above.

SIGNATURE Philip J Kishman (Degree or title) MD ADDRESS Haggstown Md DATE SIGNED 9/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 9-5-1953

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown Maryland

DATE REC'D BY LOCAL REGISTRAR Sept. 5, 1953

REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR John R Watson Jr. ADDRESS Hagerstown Md

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr. Ditto

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R#2; LENGTH OF STAY (In this place) 2Years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R#3; STREET ADDRESS (If rural give location) Western Pike

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) Bell (Last) Hazelwood

4. DATE OF DEATH: (Month) Sept (Day) 9, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 19, 1862

9. AGE Last birthday: 90 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Work

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Berkley Co. Va.

12. CITIZEN OF WHAT COUNTRY? U:S.A.

13. FATHER'S NAME: James Hazelwood

14. MOTHER'S MAIDEN NAME: Elizabeth Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: George Troupe Hagerstown R#2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: 5 yrs

Immediate cause (a) DUE TO: Senile arteriosclerosis

Antecedent causes (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Senility

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURED While at Work ☐ Not While At Work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1-1951, to 9-9-1953, that I last saw the deceased alive on 9-9-53, 19..., and that death occurred at ..., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. W. Wilson ADDRESS Hagerstown Md. DATE SIGNED 9/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Sept 12/53; NAME OF CEMETERY OR CREMATORY Green Hill Cemetery; LOCATION (City, town, or county) Martinsburg, (State) W.Va.

DATE REC'D BY LOCAL REGISTRAR Sept 11-1953; REGISTRAR'S SIGNATURE Mary M. Foltz Deputy

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. M5 (1-1)

RECEIVED
SEP
BUREAU V. S.

181

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]2

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY WASHINGTON — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): CLEAR SPRING ROUTE 2

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND — COUNTY WASH.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): CLEAR SPRING ROUTE 2

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Fredrick (Middle) [illegible] (Last) HEINEMANN

4. DATE OF DEATH: (Month) SEPT. (Day) 20 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	DEC. 1, 1884	68 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER		GERMANY	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MATHEW HEINEMANN	JOSEPHINE KOHLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS
No	214-09-6084	MRS. BERTHA HEINEMANN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause — (a) Coronary occlusion, acute severe, — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) None — DUE TO

(c)

Interval Between Onset And Death: 10 minutes

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 20, 1953, to Sept. 20, 1953 that I last saw the deceased dead / ~~alive~~ on Sept. 20, 1953, and that death occurred at 3:05 am., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles Robert Cohee	M. D.	Clear Spring, Maryland	September 21, 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	SEPT. 23, 53	ROSE HILL	CLEAR SPRING MARYLAND

DATE REC'D BY LOCAL REGISTRAR: Sept 23-53

REGISTRAR'S SIGNATURE: Joseph W. Murray Local

24. FUNERAL DIRECTOR: FRED W. KRAISS — ADDRESS: 139 NORTH POTOMAC ST.

VS. A15

RECEIVED
OCT 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington County Hosp MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Hancock, Md. COUNTY No. 1
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hancock
STREET ADDRESS (If rural give location) Route 1

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
John	Abraham	Helmick	Sept.	15	53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	3-30-1886	67 yrs.	5	15		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Orchard Worker	Samuel Dillon	West Virginia	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
NOt KNOWn	NOT KNOWN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		Mrs. Bertha Helmick, Hancock, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

Immediate cause (a) Carcinoma involving head, bony tail of pancreas & intra-abdom. lymph nodes. DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 3 to 4 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Sept. 4, 1953 Sept. 5, 1953	Carcinoma of pancreas, adrenal, operative wound, enucleation	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 30, 1953, to Sept. 15, 1953, that I last saw the deceased alive on Sept. 13, 1953, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. J. Payne, M.D. ADDRESS 5 Public Square Hagerstown, Md. DATE SIGNED Sept. 16, 1953.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-18-1953	Biertown Cemetery	Biertown, Maryland

DATE RECD BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 16, 1953	Chas. H. Bowers	Hafer Funeral Home, Cumberland, Maryland	

Hafer

RECEIVED
SEP [illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0943

Reg. Dist. No. 3502

1. PLACE OF DEATH COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: WASH.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 18 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clearspring
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hosp.	STREET ADDRESS (If rural, give location): R.R. #2

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Girl (Last) Higgins			4. DATE OF DEATH (Month) 9 (Day) 21 (Year) 1953		
5. SEX: Female	6. COLOR OR RACE: Wh.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH: 9/21/53	9. AGE last birthday: 3'56" yrs.	If under 1 year: Months ← Days; If under 24 hrs.: Hours 3 Min. 56
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —	10b. KIND OF BUSINESS OR INDUSTRY: —		11. BIRTHPLACE (State or foreign country): Hagerstown, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Harry N. M. N. Higgins, Jr.			14. MOTHER'S MAIDEN NAME: Helen Louise Burkett		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Clearspring, Md. - R.R. #2		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Premature (7 mo)	3 hours
776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-21, 1953, to 9-21-, 1953, that I last saw the deceased alive on 9-21-, 1953, and that death occurred at 9 h. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]		Hagerstown Md	9/22/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	9-22-53	BLAIR 'S' VALLEY CEMETERY	CLEAR SPRING RURAL

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
[illegible] 1953	[illegible]	ADRIAN H. ROWLAND	CLEAR SPRING

2[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 21 [illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) Middleburg Pike

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Martin (Last) Higgens
4. DATE OF DEATH: (Month) Sept. (Day) 19 (Year) 19 53
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1-28-1900
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months 7 Days 22 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Cabinet Maker
10b. KIND OF BUSINESS OR INDUSTRY: Brandt Cabinet Works
11. BIRTHPLACE (State or foreign country): Clearspring Dist, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Samuel L. Higgens
14. MOTHER'S MAIDEN NAME: Clavene Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-09-1855
17. INFORMANT & ADDRESS: Mrs. John M. Higgens, Hagerstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
331X
Immediate cause (a) Cerebral hemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)
Interval Between Onset And Death: 2 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease — months

19a. DATE OF OPERATION: Aug. 16, 53
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to Sept. 19, 1953, that I last saw the deceased alive on Sept. 19, 1953, and that death occurred at 12:05 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Clarence A. Hoffman, 214 N. Potomac St. Hagerstown Md.
ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-22-1953
NAME OF CEMETERY OR CREMATORY Green Hill Cemetery
LOCATION (City, town, or county) (State) Waynesboro, Pa.
DATE REC'D BY LOCAL REGISTRAR Sept. 21, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 23 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr Hornbaker

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown — LENGTH OF STAY (in this place) 12 Yrs	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 225 East Irvin Ave	STREET ADDRESS (If rural give location) 225 East Irvin Ave

3. NAME OF DECEASED: (Type or Print) (First) MAUDE (Middle) LOUISE (Last) HUTH -Hoffman

4. DATE OF DEATH: (Month) (Day) (Year) Sept 26 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
Female	White	Single	Aug 14 1899	54 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Secrtery	M. P. Moller Co	Reynoldsville Pa/	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Lloyd Huth	Mary Straub

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	------	220-10-3113	Miss Blanche Huth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416 X

Immediate cause (a) Rheumatic heart disease c̄ congestive — Unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) heart failure — 5 days

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral embolus c̄ r. hemiplegia — 8 mo

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-28, 1942, to 9-26, 1953, that I last saw the deceased alive on 9-25, 1953, and that death occurred at 11 Am, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John H Hornbaker M.D.	154 W. Washington St. Hagerstown Md	9-28-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-29-53	Circle Hill Cemetery	Punxsutawney Pa.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 28, 1953	Chas H Bowers	Andrew K. Coffman	Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (0953)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brownsville; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
	Iona	E.	Hoffmaster	9	27	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widow	5-27-1882	71 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Maryland	U. S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
David Shewbridge	Emma A Roeder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		none	Mrs. Hilda Burke, Brownsville, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 Immediate cause	(a) M.y.o. Cardial Infarction	17 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Coronary Arteriosclerotic Heart Disease	4 yrs.
(240X)	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	4 yrs

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept 27, 1953, to Sept 27, 1953, that I last saw the deceased alive on Sept 17, 1952., and that death occurred at 5:10 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Chas A Hoffman	M.D.	214 N. Potomac st. Hagerstown, Md	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	9-30-1953	Episcopal Cem.	Brownsville	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 28, 1953	Thos. H. Bowers	Gladhill Co.	Middletown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 30 1953
BUREAU V[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 0034 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown #2
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Delaware — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilmington
STREET ADDRESS (If rural give location) 1413 Silverside Road

3. NAME OF DECEASED: (Type or Print) (First) Nancy (Middle) L. (Last) Hoisington

4. DATE OF DEATH: (Month) Sept. (Day) 21 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: Sept. 1, 1869

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months 0 Days 20 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cleveland, Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Hoisington

14. MOTHER'S MAIDEN NAME: --------Fenton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Donald H. Smith, Beaver Creek, Rt. #3, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral apoplexy — Interval Between Onset And Death: 1 wk.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO Arteriosclerosis and — Interval: Indef.
(c) Hypertension

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-8 ....., 1953, to 9-21 ....., 1953, that I last saw the deceased alive on 9-21 ....., 1953, and that death occurred at 11:33 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert J. Keadle M.D. — ADDRESS Hagerstown — DATE SIGNED 9-22-53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation — DATE THEREOF 9-22-1953 — NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory — LOCATION (City, town, or county) (State) Washington D. C.

DATE REC'D BY LOCAL REGISTRAR Sept. 22, 1953 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Md. — ADDRESS

RECEIVED
SEP 24 1953
BUREAU V. S.

Dr Ditto 111

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
LENGTH OF STAY (in this place) 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fairplay Md R.31 X
STREET ADDRESS (If rural give location) Lappans Cross Road

3. NAME OF DECEASED: (Type or Print) (First) Doris (Middle) Jean (Last) Hoover
4. DATE OF DEATH: (Month) (Day) (Year) September 23 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Sept, 13, 1930
9. AGE last birthday: 23 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) House Work
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Chambsburg, Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Victor C. Bowers
14. MOTHER'S MAIDEN NAME: Teresa Rose Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: 215-26-8748
17. INFORMANT & ADDRESS: Herbert C. Hoover

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416X

Immediate cause (a) Rheumatic bt. disease — Interval Between Onset And Death 10 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: C
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 12, 1953, to Sept 23, 1953, that I last saw the deceased alive on Sept 23, 1953, and that death occurred at , from the causes and on the date stated above.

SIGNATURE Edward W. Ditto III (Degree or title) 171 ADDRESS 217 W. Washington St. DATE SIGNED Sept 24, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept, 26/53
NAME OF CEMETERY OR CREMATORY Smithsburg Cem.
LOCATION (City, town, or county) (State) Smithsburg Md.
DATE REC'D BY LOCAL REGISTRAR Sept 25, 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09436

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural X — LENGTH OF STAY (in this place) 35 yrs.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Broadfording X	STREET ADDRESS (If rural, give location) Broadfording

3. NAME OF DECEASED (Type or Print)	(First) Charles	(Middle) Aloysius	(Last) Hopp	4. DATE OF DEATH	(Month) Sept.	(Day) 28	(Year) 1953
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 26, 1887	9. AGE last birthday 66 yrs.	If under 1 year Months 1	Days 4	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Emmittsburg, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Hopp		14. MOTHER'S MAIDEN NAME Agatha Davis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 214-09-6649	17. INFORMANT AND ADDRESS Mrs. Talba L. Barnes, R. F. #4, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Alcholism

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Mills MD (Degree or title) — CERTIFICATE OF MEDICAL EXAM. WASH. CO., MD — ADDRESS 15 N. Potomac St. Hagerstown, Md. — DATE SIGNED 10/2/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 19-3-1953	NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	LOCATION (City, town, or county) (State) Hagerstown, Maryland
DATE REC'D BY LOCAL REG. Oct. 3, 1953	REGISTRAR'S SIGNATURE Chas. H. Towers	24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19138

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - BOONSBORO
STREET ADDRESS (If rural give location) R.D. # 2

3. NAME OF DECEASED: (Type or Print) (First) JUDITH (Middle) LOUISE (Last) JONES

4. DATE OF DEATH: (Month) SEPT (Day) 8 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 9/2/1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 6 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): INFANT

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: RICHARD JONES

14. MOTHER'S MAIDEN NAME: RIDA LEWIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: RICHARD JONES R.D#2, BOONSBORO, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

294X

Immediate cause (a) DUE TO Polycythemia vera.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 2 days

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 8, 1953, to Sept 8, 1953, that I last saw the deceased alive on Sept 8, 1953, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 9/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 9/10/1953 NAME OF CEMETERY OR CREMATORY BROWNSVILLE CEMETERY LOCATION (City, town, or county) BROWNSVILLE, (State) MD.

DATE REC'D BY LOCAL REGISTRAR Sept. 9, 1953 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ADDRESS G. MARLIN POE, WAYNESBORO, PENNA.

RECEIVED
SEP 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 03-21-303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hagerstown Rt 2
LENGTH OF STAY (in this place) 5 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maplevile X
STREET ADDRESS (If rural give location) Main St.

3. NAME OF DECEASED: (Type or Print) (First) Irvin (Middle) F. (Last) Raylon

4. DATE OF DEATH: (Month) (Day) (Year) September-26-1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 11 - 1891

9. AGE last birthday 61 - 9 - 15 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: VICTOR Products.

11. BIRTHPLACE (State or foreign country): Mapleville Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Raylon

14. MOTHER'S MAIDEN NAME: Savilla Funk

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 218-10-7382

17. INFORMANT & ADDRESS: Mrs. Earl Showe Fairplay Wash. Co. Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Ventricular flutter	5 minutes
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chronic auricular fibrillation	unknown
	DUE TO (c) Arteriosclerotic Heart Disease	unknwon
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Peripheral vascular disease	unknown

19a. DATE OF OPERATION: 8-14-53 8-28-53

19b. MAJOR FINDINGS OF OPERATION: (1) Arterial occlusion embolus (2) arterial occlusion

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-18-53, 19.., to 9-26-53, 19.., that I last saw the deceased alive on 9-25-53, 19.., and that death occurred at 11:20 am (DST), from the causes and on the date stated above.

SIGNATURE (Degree or title) Curtis Robert Cohen M D
ADDRESS Clear Spring, Maryland
DATE SIGNED September 26, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 29. 1953
NAME OF CEMETERY OR CREMATORY Dahmers Cemetery
LOCATION (City, town, or county) (State) Mapleville Wash. Co. Md

DATE REC'D BY LOCAL REGISTRAR Sept 30 1953
REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR C.W.J. Bartz & Sons
ADDRESS Boonsboro Md

VS. A15

Dr. Curtis R. Cohen Hancock Md.

RECEIVED
SEP 3[illegible] 1[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown RFD X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cearfoss X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown RFD
~~STREET ADDRESS~~ (If rural give location) Cearfoss

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) VIRGINIA (Last) KELLER
4. DATE OF DEATH: (Month) (Day) (Year) Sept 11 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: Dec 3 1865
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Myersville Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Henry Toms
14. MOTHER'S MAIDEN NAME: Matilda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -------
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Pearl V. Stouffer Cearfoss Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) General arteriosclerosis — Interval Between Onset And Death: 10 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Senility — 2 yrs

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1953, to 9-11, 1953, that I last saw the deceased alive on 9-10, 1953, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE A. Elw Detty (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 9/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/14/53
NAME OF CEMETERY OR CREMATORY Salem Reformed Cemetery
LOCATION (City, town, or county) (State) near Cearfoss Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 13, 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1-15

RECEIVED
SEP 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 820 Marion St.

3. NAME OF DECEASED: (Type or Print) (First) Susan (Middle) Ann (Last) Kretzer

4. DATE OF DEATH: (Month) Sept. (Day) 18 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Sept. 17, 1953

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours 4 Min. 10

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wilmer E.D. Kretzer

14. MOTHER'S MAIDEN NAME: Ethel H. Dubbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ----

17. INFORMANT & ADDRESS: Wilmer E.D Kretzer Jr Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X Immediate cause (a) Premature birth DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 4 hr. 10 min

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 12, 1953, to Sept 18, 1953, that I last saw the deceased alive on Sept 17, 1953, and that death occurred at 2.40 AM., from the causes and on the date stated above.

SIGNATURE Edw. W. Dibb III (Degree or title) MD ADDRESS 217 W. Washington St. Hagerstown DATE SIGNED 9/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9-18-53 — NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery — LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Sept 18, 1953 — REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son — ADDRESS Hag. Md.

2043362300

RECEIVED
SEP 21
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WILLIAMSPORT
LENGTH OF STAY (in this place): 3 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WILLIAMSPORT SANITARIUM

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
STREET ADDRESS (If rural, give location): 31 EAST WASHINGTON ST.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) (Last) KURZENKNABE

4. DATE OF DEATH: (Month) SEPT. (Day) 14 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JAN. 13, 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months 8, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): PORT ROYAL, PENNA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM C. POMEROY

14. MOTHER'S MAIDEN NAME: ELLEN B. CRAWFORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: NORMAN B. KURZENKNABE 31 E. WASHINGTON ST. HAGERSTOWN, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
334X Immediate cause	(a) Arteriosclerosis Cerebral Vascular	
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Disease	6 yrs.
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None — **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Sept, 1953 to 14 Sept, 1953, that I last saw the deceased alive on 13 Sept., 1953, and that death occurred at 6:20 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Paul Nash M.D. Williamsport, Md 14 Sept 53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: SEPT. 17, 1953 — NAME OF CEMETERY OR CREMATORY: WESTMINSTER PRESBYTERIAN CEM. — LOCATION (City, town, or county) (State): MIFFLINTOWN, PENNA

DATE REC'D BY LOCAL REG.: 9-17-14-1953 — REGISTRAR'S SIGNATURE: E. Lee McElroy

24. FUNERAL DIRECTOR: ALBERT L. LEAF — ADDRESS: WILLIAMSPORT, MARYLAND

VS. A15 8-53

RECEIVED
SEP 17 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sharpsburg
STREET ADDRESS (If rural give location) Main St.

3. NAME OF DECEASED: (Type or Print) (First) Millard (Middle) Filmore (Last) Lumm

4. DATE OF DEATH: (Month) September (Day) 29, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 2, 1865
9. AGE last birthday: 88-5-27 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Sharpsburg Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Saloman S. Lumm
14. MOTHER'S MAIDEN NAME: Jennie Bragonier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) CO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-09-8884
17. INFORMANT & ADDRESS: Mrs. Ella S. Lumm Sharpsburg Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

492X

Immediate cause (a) Virus Pneumonia — Interval Between Onset And Death: 7 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease — Benign hypertrophy of the prostate — 5 yrs. 5 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sep 20, 1953, to Sep 29, 1953, that I last saw the deceased alive on 9/28, 1953, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

SIGNATURE N. H. Sherby M.D. (Degree or title) ADDRESS Sharpsburg, Md. DATE SIGNED Sep 30, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 2, 1953
NAME OF CEMETERY OR CREMATORY Mountain View Cemetery
LOCATION (City, town, or county) (State) Sharpsburg Wash. Co. Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 1, 1953
REGISTRAR'S SIGNATURE Chas. H. Towers
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible] Boonsboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

Dr. Sherby

M

1

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: WASHINGTON — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN RURAL X

LENGTH OF STAY (in this place): 10 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS: GATEWAY NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MARYLAND — COUNTY: WASH.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN, MARYLAND

STREET ADDRESS (If rural give location): 1013 SALEM AVENUE

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) H. (Last) LYNN

4. DATE OF DEATH: (Month) SEPT. (Day) 2, (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: UNKOWN

9. AGE last birthday: 85 yrs.

IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): UNKNOWN

10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN

11. BIRTHPLACE (State or foreign country): UNKNOWN

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.): No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-10-4628

17. INFORMANT & ADDRESS: MR. J. L. DOFFLEMYER 1013 SALEM AVENUE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33/X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 4 mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arterial Sclerosis — 10 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1953, to Sept 2, 1953 that I last saw the deceased alive on Sept 1, 1953 and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE AND TITLE (Degree or title): David P. Brewer M.D

ADDRESS: Clear Spring Md.

DATE SIGNED: 9/3/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: SEPTL 5, 1953

NAME OF CEMETERY OR CREMATORY: MIDDLEBURG CEMETERY

LOCATION (City, town, or county) (State): MIDDLEBURG, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: Sept 3-53

REGISTRAR'S SIGNATURE: J. W. Murray Local

24. FUNERAL DIRECTOR ADDRESS: FRED W. KRAISS 139 NORTH POTOMAC ST.

RECEIVED
SEP 17 1953
BUREAU V. S.

00145

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 304

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock Md
LENGTH OF STAY (In this place) 18 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Thelma (Middle) Isabelle (Last) Mallott
4. DATE OF DEATH (Month) 9 (Day) 19 (Year) 53 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 8 1916
9. AGE last birthday 37 yrs. If under 1 year Months 5 Days 10 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook
10b. KIND OF BUSINESS OR INDUSTRY Resturant
11. BIRTHPLACE (State or foreign country) Fulton County Penna
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jacob Eader
14. MOTHER'S MAIDEN NAME Margret Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Jacob Eader Hancock Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

802x

Immediate cause (a) Fractured skull
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture left leg dose cable
(c)

INTERVAL BETWEEN ONSET AND DEATH: Killed instantly

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Kisper Alley (CITY OR TOWN) Hancock (COUNTY) Washington (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 9-19-53 9:35 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Stood in track in front of approaching Train

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE Dr. E W Detto Jr (Degree or title) Acting Dep Med Exam ADDRESS Hagerstown Md DATE SIGNED 9/24/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-23-53
NAME OF CEMETERY OR CREMATORY Rehobeth Methodist
LOCATION (City, town, or county) (State) Near Hancock Md.

DATE REC'D BY LOCAL REG. 9-23-53
REGISTRAR'S SIGNATURE J A Keller
24. FUNERAL DIRECTOR Howard J Grove ADDRESS Hancock Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The current age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md
LENGTH OF STAY (in this place) 14 Hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural give location) Hancock Maryland

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) E (Last) Marks

4. DATE OF DEATH: (Month) 9 (Day) 17. (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June.13 1895
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months 3 Days 3 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Orchard Work
11. BIRTHPLACE (State or foreign country): Washington County Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John Long
14. MOTHER'S MAIDEN NAME: Mary (Marks)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Hattie Marks, Hancock Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Congestive heart failure — Interval Between Onset And Death: 1 year

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease as articular in phosphorus — 1 1 1/2 Year

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Sept, 1953, to 17 Sept, 1953, that I last saw the deceased alive on 16 Sept 1953 and that death occurred at 1:35 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] M.D. ADDRESS D.S.T. 5 Public Square Hagerstown, Md. DATE SIGNED Sept 19, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 9.19.53 NAME OF CEMETERY OR CREMATORY St Peters Catholic LOCATION (City, town, or county) (State) Hancock Md Washington

DATE REC'D BY LOCAL REGISTRAR Sept. 19. 1953 REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Howard J. Grove ADDRESS Hancock Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 3
BUREAU V. S.

Film G 158 Item #9 10/6/53 emp
179

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clear Spring
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Clear Spring, R.D.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clear Spring
STREET ADDRESS (If rural give location): Near Clear Spring, Md.

3. NAME OF DECEASED: (First) John (Middle) William (Last) McCarty
4. DATE OF DEATH: (Month) September (Day) 24 (Year) 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct. 6, 1886
9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): W. Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William McCarty
14. MOTHER'S MAIDEN NAME: Mamie Ebersole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): — (If Yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 214-09-8039
17. INFORMANT & ADDRESS: Mrs Florence Weaver

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
421.4 Immediate cause	(a) Chr. Endocarditis	5 yrs.
Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chr. Gastric Ulcer	2 yrs.
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1953, to Sept 23, 1953, that I last saw the deceased alive on 9/23, 1953, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or Title): David R Brewer M.D. ADDRESS: Clear Spring Md. DATE SIGNED: 9/24/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Sept. 27. 1953
NAME OF CEMETERY OR CREMATORY: Rose Hill Cem.
LOCATION (City, town, or county) (State): Clear Spring, Md

DATE REC'D BY LOCAL REGISTRAR: Sept 26-53
REGISTRAR'S SIGNATURE: Joseph W. Murray
24. FUNERAL DIRECTOR: Adnan H. Rowland — ADDRESS

VS. A15

RECEIVED
OCT 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

Dr Ralph Young

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. (A-15)

1. PLACE OF DEATH:
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 2 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 26 Glenside Ave

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) CLARENCE (Last) MILLER Sr

4. DATE OF DEATH: (Month) Sept (Day) 10 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widower	Feby 27 1874	79 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Contracting carpenter		Machaniosburg Pa.	USA

13. FATHER'S NAME: John Miller

14. MOTHER'S MAIDEN NAME: Mary Ann Brownell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No -----	214-09-8710	David Clarence Miller Jr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334 X

Immediate cause (a) Cerebral Apoplexy — Interval Between Onset And Death: 5 Days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9/6/53, 19..., to 9/10/53 19..., that I last saw the deceased alive on 9/10/53, and that death occurred at 10:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. Clarence Miller M.D. Williamsport Md 9/12/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/13/53	Rose Hill Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Sept. 13, 1953

REGISTRAR'S SIGNATURE: Chas H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown Md.

RECEIVED
SEP 15 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Route 11
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 11 one mile from Williamsport Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halfway Md
STREET ADDRESS (If rural, give location) Nursery Road

3. NAME OF DECEASED (Type or Print) (First) Victor (Middle) Daniel (Last) Mills

4. DATE OF DEATH (Month) Sept. (Day) 26 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov. 22 1885
9. AGE last birthday 68 yrs. If under 1 year Months 10 Days 2 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Worker Trackman
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Parkhead Big Poole Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Alvey Mills
14. MOTHER'S MAIDEN NAME Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 220-09-9253
17. INFORMANT AND ADDRESS Mr Harold Mills Big Poole Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

8/2X Immediate cause (a) Fracture Skull
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture Femur (rt)
(c)

INTERVAL BETWEEN ONSET AND DEATH: Relief instant

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY (☒) OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Rt 11
(CITY OR TOWN) 1 mi N. of Williamsport (COUNTY) Md (STATE) on Rt 11
TIME OF INJURY (Month) (Day) (Year) (Hour) 9-26-53 10:30 am.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Struck by passing car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr E W Dettz (Degree or title) Acting Sup Med Exam ADDRESS Hagerstown Md DATE SIGNED 9/26/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 29 1953
NAME OF CEMETERY OR CREMATORY Riverview Cemetery
LOCATION (City, town, or county) (State) Williamsport Md.

DATE REC'D BY LOCAL REG. Sept. 29-53
REGISTRAR'S SIGNATURE E Lee McElroy
24. FUNERAL DIRECTOR Albert L. [illegible] ADDRESS Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
   LENGTH OF STAY (in this place): 28 yrs
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 954 Lanvale St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wash.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
   STREET ADDRESS (If rural, give location): 954 Lanvale St.

3. NAME OF DECEASED (Type or Print): (First) Beatrice (Middle) Isabell (Last) Myers

4. DATE OF DEATH: (Month) Sept. (Day) 30 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Apr. 2, 1905

9. AGE last birthday: 48 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Cumberland Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Theophluis Barger

14. MOTHER'S MAIDEN NAME: Mary E. Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 219-07-2050

17. INFORMANT AND ADDRESS: Howard T. Myers Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Coronary Occlusion

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: S. Rohrer Mellott M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. ADDRESS: Hagerstown, Md. DATE SIGNED: 10-1-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Oct. 3, 1953 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: Oct. 1, 1953 | REGISTRAR'S SIGNATURE: Mabel H. Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son | ADDRESS: Hag. Md.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SAN MAR X
LENGTH OF STAY (in this place) 8 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS FAHRNEY MEMORIAL HOME 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASH.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN 12
STREET ADDRESS (If rural give location) 106 FAIRGROUND AVENUE

3. NAME OF DECEASED: (Type or Print) (First) BLANCHE (Middle) VIOLA (Last) POWELL

4. DATE OF DEATH: (Month) SEPT (Day) 19 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: MAY 16, 1867

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Month Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSE WORK

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): FUNKSTOWN MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: DAVID ISEMINGER

14. MOTHER'S MAIDEN NAME: ANNIE FURRY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): 1

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: MRS. BRUCE WILSON 3708 MARMON AVE. BALT.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Failure — Interval Between Onset And Death: 24 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Chr. Myocarditis — 4 yrs

DUE TO

(c) Arterio Sclerosis — ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis, Chr. — 4 yrs

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 18, 1953, to Sept 19, 1953, that I last saw the deceased alive on Sept 19, 1953, and that death occurred at 10:45 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) O. H. Binkley, M.D. ADDRESS Hagerstown, Md DATE SIGNED 9/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF SEPT. 22, 53 NAME OF CEMETERY OR CREMATORY ROSE HILL LOCATION (City, town, or county) (State) HAGERSTOWN, MARYLAND

DATE REC'D BY LOCAL REGISTRAR Sept 22, 1953 REGISTRAR'S SIGNATURE John B. Bast

24. FUNERAL DIRECTOR ADDRESS FRED W. KRAISS

RECEIVED
SEP [illegible] 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr. Ditto

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 9 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Church Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2755 Chesterfield Ave.

3. NAME OF DECEASED: (Type or Print) (First) Augusta (Middle) -- (Last) Prinz

4. DATE OF DEATH: (Month) Sept. (Day) 14, (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Jan. 7, 1865
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: own Home
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John V. Wifenbach
14. MOTHER'S MAIDEN NAME: Wilhelmina Landgraf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: George W. Pabst

18. MEDICAL CERTIFICATION Baltimore, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Cardio Vascular Fission — Interval Between Onset And Death: 15 yrs

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Senility — 3 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1953, to Sept 14, 1953, that I last saw the deceased alive on Sept 12, 1953, and that death occurred at 3 pm, from the causes and on the date stated above.

SIGNATURE S. E. W. Ditto (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 9/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-17-1953
NAME OF CEMETERY OR CREMATORY Western Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REGISTRAR Sept. 14, 1953
REGISTRAR'S SIGNATURE Bhosh. T. Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman, Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY WASHINGTON — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN E — LENGTH OF STAY (in this place) 14 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOAPITAL no

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY WASH.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SHARPSBURG R.D. 2
STREET ADDRESS (If rural give location) MILLERS SAWMILL

3. NAME OF DECEASED: (Type or Print) (First) DEBORAH (Middle) MAYE (Last) RHODES
4. DATE OF DEATH: (Month) 9 (Day) 28 (Year) 19 53
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH: SEPT 7 1953
9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): INFANT
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOSEPH E. RHODES
14. MOTHER'S MAIDEN NAME: BEATRICE PATTERSON
15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS. JOSEPH E. RHODES SHARPSBURG RT2 MD.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Asphyxia DUE TO	40 minutes
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Aspiration of formula DUE TO	40 minutes
	(c) Premature	21 days.
11. OTHER SIGNIFICANT CONDITIONS Condition. contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 7, 1953, to Sept 28, 1953, that I last saw the deceased alive on Sept 28 1953 and that death occurred at 12:40 pm EST, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. F. Layman, M.D. — ADDRESS Hagerstown, Md. — DATE SIGNED Sept 28 1953

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF SEPT. 29 1953 — NAME OF CEMETERY OR CREMATORY REST HAVEN CEMETERY — LOCATION (City, town, or county) (State) HAGERSTOWN, MD.

DATE REC'D BY LOCAL REGISTRAR Sept 28 1953 — REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR FRED W. KRAISS — ADDRESS HAGERSTOWN, MD.

2793326321

RECEIVED
SEP 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FUNKSTOWN
LENGTH OF STAY (in this place) 22 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 102 E. BALTIMORE ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FUNKSTOWN
STREET ADDRESS (If rural give location) 102 E. BALTIMORE ST.

3. NAME OF DECEASED: (First) RALPH (Middle) ROBINSON (Last) RITTER
4. DATE OF DEATH: (Month) SEPTEMBER (Day) 16 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: JUNE 29 1895
9. AGE last birthday: 58-2-17 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): MOTOR MECHANIC
10b. KIND OF BUSINESS OR INDUSTRY: GARAGE.
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN P. RITTER
14. MOTHER'S MAIDEN NAME: EMMA ROBINSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WORLD WAR I
16. SOCIAL SECURITY No.: 213-01-1054
17. INFORMANT & ADDRESS: MRS. HELEN RITTER - 102 E. BALTI. ST. FUNKSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
Immediate cause (a) Coronary thrombosis — Interval Between Onset And Death: 2 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-15, 1953, to 9-16, 1953, that I last saw the deceased alive on 9-15, 1953, and that death occurred at 8:00 P.M, from the causes and on the date stated above.
SIGNATURE (Degree or title) M.D. ADDRESS Hagerstown, Maryland. DATE SIGNED Sept. 18, 1953.

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF SEPT. 19 1953
NAME OF CEMETERY OR CREMATORY GREENHILL CEMETERY
LOCATION (City, town, or county) WAYNESBORO (State) PENNA.
DATE REC'D BY LOCAL REGISTRAR Sept. 19 1953
REGISTRAR'S SIGNATURE Robert H. Bowers
24. FUNERAL DIRECTOR WM. F. BAST AND SONS
ADDRESS BOONSBORO MD.

RECEIVED
BUREAU V. S.

Film #G-158 Item No. 9 10/15/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 51

CERTIFICATE OF DEATH

Reg. Dist. No. 300

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg X
LENGTH OF STAY (in this place) 67 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharpsburg Md RFD #1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg X
STREET ADDRESS (If rural give location) Sharpsburg Md RFD #1

3. NAME OF DECEASED: (Type or Print) (First) Otho (Middle) Thomas (Last) Rohrer
4. DATE OF DEATH: (Month) Sept. (Day) 28 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Nov. 10 1886
9. AGE last birthday: ~~67~~ 66 yrs. IF UNDER 1 YEAR Months 10 Days 17 IF UNDER 24 HRS. Hours 17 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Trackman
10b. KIND OF BUSINESS OR INDUSTRY: B & O Railroad
11. BIRTHPLACE (State or foreign country): Sharpsburg Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Luther Rohrer
14. MOTHER'S MAIDEN NAME: Sarah Jane Domer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 705-10-3659
17. INFORMANT & ADDRESS: Mrs. Mary M Rohrer Sharpsburg Md. RFD #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset And Death 1 week.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Cardio-Vascular-renal disease — 5 yrs.

(c) DUE TO

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension with Hemiplegia — 11 weeks.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1953 to 9/28, 1953 that I last saw the deceased alive on 9/27, 1953 and that death occurred at 8:10 A.M. from the causes and on the date stated above.
SIGNATURE N. H. Shoden (Degree or title) Md ADDRESS Sharpsburg, Md DATE SIGNED 9/29/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Oct. 1 1953 NAME OF CEMETERY OR CREMATORY Mt. View Cemetery LOCATION (City, town, or county) Sharpsburg (State) Maryland
DATE REC'D BY LOCAL REGISTRAR Oct 4 1953 REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Albert L. Leaf Williamsport Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 9
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19456

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN 03
LENGTH OF STAY (in this place) 13 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 941 FREDERICK ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 941 FREDERICK ST.

3. NAME OF DECEASED: (Type or Print) (First) MARGUERITTE (Middle) MARION (Last) ROMINE
4. DATE OF DEATH: (Month) SEPT. (Day) 13 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 4/5/1905
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA 4
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL D. STUMP
14. MOTHER'S MAIDEN NAME: VIRGINIA E. POWERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MR. BENJAMIN F. ROMINE HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) Pulmonary carcinomatosis — Interval Between Onset And Death: months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Breast cancer — 1950.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 17 Feb 1950
19b. MAJOR FINDINGS OF OPERATION: carcinoma Breast.
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1953, to 9-13, 1953, that I last saw the deceased alive on 9-8, 1953, and that death occurred at Home 3:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) George Paulus MD
ADDRESS 145 W Wash. Hagerstown
DATE SIGNED 9-14-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/15/53
NAME OF CEMETERY OR CREMATORY Level's Cemetery
LOCATION (City, town, or county) Hampshire Co. (State) W. Va.

DATE REC'D BY LOCAL REGISTRAR Sept. 14, 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR W. T. Norment, ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hagerstown
LENGTH OF STAY (in this place): 3 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hagerstown, Route 5

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hagerstown
STREET ADDRESS (If rural give location): Hagerstown Route 5

3. NAME OF DECEASED: (Type or Print) (First) Tony (Middle) Eugene (Last) Rudisill

4. DATE OF DEATH: (Month) Sept (Day) 29 (Year) 1953

5. SEX: m

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug. 31, 1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Foreman

10b. KIND OF BUSINESS OR INDUSTRY: furniture

11. BIRTHPLACE (State or foreign country): Smithsburg, Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Rudisill

14. MOTHER'S MAIDEN NAME: Kate Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-09-2510A

17. INFORMANT & ADDRESS: Mrs. Nora K. Rudisill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) MALNUTRITION — 2 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) CANCER OF STOMACH WITH OBSTRUCTION — 1 year

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 12/15/53

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Stomach with Metastases.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Sept., 1953, to 29 Sept., 1953, that I last saw the deceased alive on 15 Sept., 1953, and that death occurred at 4:55 A.M., from the causes and on the date stated above.

SIGNATURE: [illegible] — (Degree or title) M.D. — ADDRESS: Hagerstown — DATE SIGNED: 9/29/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 1, 1953 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Oct. 1, 1953 — REGISTRAR'S SIGNATURE: Walter H. Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son Hag. Md. — ADDRESS

VS. A15

VED
1953
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1 PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 406 West Washington Street

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 406 West Washington Street

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Hudson (Last) Russell
4. DATE OF DEATH: (Month) Sept. (Day) 17 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: 11-25-1898
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months 9 Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Boiler Foreman
10b. KIND OF BUSINESS OR INDUSTRY: W. M. R. R.
11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Russell
14. MOTHER'S MAIDEN NAME: Mary Albert

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 705-10-8589
17. INFORMANT & ADDRESS: Mrs. Joseph Palkovitz, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) Squamous Cell Carcinoma, Left Upper Bronchus — Interval Between Onset And Death 1 1/4 yr

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: C
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-29, 1952, to 9-17, 1953, that I last saw the deceased alive on 9-17, 1953, and that death occurred at 5:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dalton M. Welty M.D. ADDRESS Hagerstown, Md DATE SIGNED 9-18-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-20-1953
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept. 19. 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

RECEIVED
SEP 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

CERTIFICATE OF DEATH

Reg. Dist. No. 316

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Washington MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highfield Md | LENGTH OF STAY (in this place) Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS Highfield Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highfield Md.

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) M. Staub (Last) Ruth.

4. DATE OF DEATH: (Month) 9/29 (Day) (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F.	W.	W.	July 9 1882	71 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House Duties		Highfield Md.	U. S. A.

13. FATHER'S NAME: Charles W. Staub

14. MOTHER'S MAIDEN NAME: Anna Gladhill

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no			Mrs. Richard Johnson, Highfield Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocardial Infarction — Interval Between Onset And Death: —

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Sept. 1953, to 29 Sept. 1953, that I last saw the deceased alive on 25 Sept. 1953 and that death occurred at 9:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Harry L. Young M.D.	Blue Ridge Summit, Pa	7 Oct 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/2/53	Bethel	Cascade Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/5/53	Geo. M. Grayson	Walter Y. Grove	Waynesboro Pa.

VS. A15

RECEIVED
OCT 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr Lusby

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 1 Hr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 941 D. Lanvale St.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Unnamed Child of Charles P. Sanders

4. DATE OF DEATH: (Month) (Day) (Year) Sept 22 1953 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: Sept 22 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 1 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: ---------
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles P. Sanders
14. MOTHER'S MAIDEN NAME: Natalie J. Peterson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---------
16. SOCIAL SECURITY No: None
17. INFORMANT & ADDRESS: Charles P. Sanders

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chondrodystrophia Foetalis DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO (c)

Interval Between Onset And Death ~~50 Mint~~ 50 Minutes

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Sept, 1953, to 22 Sept, 1953, that I last saw the deceased alive on 22 Sept, 1953, and that death occurred at 1:15 A, from the causes and on the date stated above.

SIGNATURE F. L. Lusby (Degree or title) MD ADDRESS 230 N Potomac DATE SIGNED 22 Sept 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-22-53
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.
DATE REC'D BY LOCAL REGISTRAR Sept. 22, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

2093223-32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 24 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) upon Admission
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penna. COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Greencastle
STREET ADDRESS (If rural give location) Rural Route #3

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) Diehl (Last) Saylor
4. DATE OF DEATH: (Month) 9 (Day) 14 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 8/31/1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: House keeper
11. BIRTHPLACE (State or foreign country): Franklin Co. Penna
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William R. Diehl
14. MOTHER'S MAIDEN NAME: Annie Huber

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No.
16. SOCIAL SECURITY No.: 172-24-8144
17. INFORMANT & ADDRESS: Mr. David W. Saylor, RD #2, Greencastle Pa

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Pulmonary Edema — Interval Between Onset And Death: 35 mins.

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cardiac Failure — 2 weeks
DUE TO (c) Generalized Carcinomatous spread from Carcinoma of Breast (left). metas. to skin axillary nodes, lungs, liver. — 3 1/2 years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 0
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July, 1953, to Sept. 14, 1953, that I last saw the deceased alive on Sept. 14, 1953, and that death occurred at 3:40 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Stanley H. Macht, M.D.
ADDRESS Wash. Co. Hosp. Hagerstown, Md
DATE SIGNED Sept. 15, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/17/1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept. 15, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Harold M. Zimmerman
ADDRESS Greencastle, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 17 1
BUREAU V. S.

Dr. Hirshman

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 31 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1403 Virgina Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 1403 Virginia Ave

3. NAME OF DECEASED: (Type or Print) (First) Dr. Edgar (Middle) Brooke (Last) Sefton
4. DATE OF DEATH: (Month) (Day) (Year) Sept. 7, 1953 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Aug. 22, 1872
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Dentist
10b. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (State or foreign country): Gettysburg, Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: No Record
14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Lela Sefton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset And Death: 2 yrs.

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriolar Nephrosclerosis — 2 yrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 53, 19 to Sept. 7, 1953, that I last saw the deceased alive on Sept. 7, 1953, and that death occurred at 7 Pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] MD — ADDRESS Hagerstown Md — DATE SIGNED 9/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9/10/53 — NAME OF CEMETERY OR CREMATORY Blue Ridge Cemetery — LOCATION (City, town, or county) (State) Thurmant, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept. 9 1953 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman, ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 11 [illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: Washington COUNTY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 11 le
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlocks Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 423 W. Franklin Street

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Amanda (Last) Shadrack

4. DATE OF DEATH: (Month) Sept. (Day) 1 (Year) 19 53

5. SEX: female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Jan. 8, 1865 | 9. AGE last birthday: 88 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife | 10b. KIND OF BUSINESS OR INDUSTRY: Own home | 11. BIRTHPLACE (State or foreign country): Washington County | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Daniel Stahl

14. MOTHER'S MAIDEN NAME: Amanda Benner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) no (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: Russell Shadrack Hag. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Myocardial Imfaction — Interval Between Onset And Death 4 Days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c) Arteriosclerosis — 4 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19..., to 8/20/53, 19..., that I last saw the deceased alive on 8/30, 1953 and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Stanley Young MD (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 9/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Sept. 4, 53 | NAME OF CEMETERY OR CREMATORY Salem Reformed | LOCATION (City, town, or county) Cearfoss (State) Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 4. 1953 | REGISTRAR'S SIGNATURE Edward H Bowers | 24. FUNERAL DIRECTOR Scott F. Minnich & Son | ADDRESS Hag, Md.

RECEIVED
OCT 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - HAGERSTOWN
LENGTH OF STAY (in this place) 49 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. #5

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - HAGERSTOWN
STREET ADDRESS (If rural give location) R.D. #5

3. NAME OF DECEASED: (Type or Print) (First) BARRY (Middle) GOOD (Last) SHEISS

4. DATE OF DEATH: (Month) SEPT (Day) 8 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: OCT. 13, 1873
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) STORE KEEPER
10b. KIND OF BUSINESS OR INDUSTRY: GROCERY STORE
11. BIRTHPLACE (State or foreign country): LEITERSBURG, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM SHEISS
14. MOTHER'S MAIDEN NAME: NANCY TROUINGER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: W.J. SHEISS R.D. #5, HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

3.31 X

Immediate cause (a) Acute Cerebral hemorrhage — Interval Between Onset And Death: 14 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized arteriosclerosis — 7-8 yrs.

DUE TO also (c) Arteriosclerotic heart disease — 4 years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to Sept. 8, 1953, that I last saw the deceased alive on Sept 8, 1953, and that death occurred at 9 30 P.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter Hillsboro — ADDRESS No. D. 152 W main Waynesboro Pa — DATE SIGNED Sept. 9-1953

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 9/11/1953
NAME OF CEMETERY OR CREMATORY RINGGOLD CEMETERY
LOCATION (City, town, or county) RINGGOLD (State) MD.
DATE REC'D BY LOCAL REGISTRAR Sept 9 53
REGISTRAR'S SIGNATURE Leo W Ferguson
24. FUNERAL DIRECTOR G. MARLIN POE, ADDRESS WAYNESBORO, PA.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 1 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Funkstown
STREET ADDRESS (If rural give location) 100 E. Green St.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Shuman

4. DATE OF DEATH: (Month) Sept (Day) 25 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept 24, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours 17 Min. 30

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles F. Shuman
14. MOTHER'S MAIDEN NAME: Cleva Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Charles F. Shuman 100 E Green St Funkstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5

Immediate cause (a) Atelectasis — Interval Between Onset And Death: 17½ hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity — 17½ hrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 24, 1953, to Sept 25, 1953, that I last saw the deceased alive on 25 Sept, 1953, and that death occurred at 5:05 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert Alfonso M.D. ADDRESS 318 N. Potomac St. Hagerstown Md DATE SIGNED 9/25/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/26/53
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Sept 25, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Rest Haven Funeral Chapel, Inc. ADDRESS Wm. A. Hoot

2093394323

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 28 1953
BUREAU V. S.

Item 9 Fil-G158 9/29/53 mnb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

39466

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner's certificate is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
MARYLAND
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 22 East Lincoln

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 22 East Lincoln

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Dove (Last) Smith

4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 2-12-1856

9. AGE last birthday: 97 98 yrs. IF UNDER 1 YEAR: Months 9 Days 12 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pulaski, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abraham Lowman

14. MOTHER'S MAIDEN NAME: Elizabeth Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Miss Elizabeth M. Smith, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Aneurysm, ruptured, abd. DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis DUE TO

(c)

Interval Between Onset And Death: 2-4 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1952, to 9-20..., 1953, that I last saw the deceased alive on 9-19..., 1953, and that death occurred at 12:30 A..., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert F. Keedy MD ADDRESS Hagerstown DATE SIGNED 9-21-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 9-22-1953

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept. 21, 1953

REGISTRAR'S SIGNATURE Bhoda H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

VS. A15

RECEIVED
OCT 22 1953
BUREAU V. S.

178

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

1. PLACE OF DEATH: COUNTY: WASHINGTON; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CLEAR SPRING RURAL X; LENGTH OF STAY (In this place): X; HOSPITAL OR INSTITUTION OR STREET ADDRESS: FAIRVIEW MOUNTIAN X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND; COUNTY: WASH.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CLEAR SPRING RURAL X; STREET ADDRESS (If rural, give location): FAIRVIEW MOUNTIAN

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) ROBERT (Last) SNYDER

4. DATE OF DEATH: (Month) SEPT. (Day) 10 (Year) 53 19

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: APRIL 24 1938

9. AGE last birthday: 15 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): CLEAR SPRING

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES C. SNYDER

14. MOTHER'S MAIDEN NAME: ESTHER MILLS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: MRS. ESTHER MILLS CLEAR SPRING

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

919.0 **Immediate cause** (a) Gunshot Wound of chest (left side) — Interval between onset and death: instant death

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: X

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Farm (CITY OR TOWN): Clemping (COUNTY): Wash (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 9- 10-53 6PM m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Shot in chest while playing

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: A. W. Dutton (Degree or title): Md Exm ADDRESS: Hagerstown DATE SIGNED: 9-11-53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL DATE THEREOF: SEPT. 14, 53 NAME OF CEMETERY OR CREMATORY: ST. PAULS CEMETERY LOCATION (City, town, or county) (State): ST. PAULS, MARYLAND

DATE REC'D BY LOCAL REG.: Sept 14-53 REGISTRAR'S SIGNATURE: Joseph W. Murray Local

24. FUNERAL DIRECTOR: ADRIAN H. ROWLAND ADDRESS: CLEAR SPRING

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr. Ditto EW

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 46 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 232 N. Mulberry St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 232 N. Mulberry St.

3. NAME OF DECEASED: (Type or Print) (First) Cleggett (Middle) Albert (Last) Spessard

4. DATE OF DEATH: (Month) Sept. (Day) 20, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug. 9, 1862
9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): near Chewsville, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Spessard
14. MOTHER'S MAIDEN NAME: Mary Hartle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ----
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Charles W. Spessard 216 N. Cannon Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) Carcinoma Lung — Interval Between Onset And Death 4 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-2-, 1953, to 9-20-, 1953, that I last saw the deceased alive on 9-19, 1953, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE S EW Ditto Jr (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 9/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-22-1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 21. 1953
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

CERTIFICATE OF DEATH

Reg. Dist. No. 303

177

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural / Clear Spring

LENGTH OF STAY (in this place): Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Residence Route 40 E. Clear Spring

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Wash.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Clear Spring, Md.

STREET ADDRESS (If rural give location): Route 40 E. Clear Spring

3. NAME OF DECEASED: (First) Leathen (Middle) Helen (Last) Spickler

4. DATE OF DEATH: (Month) Sept. (Day) 1, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Apr. 30, 1883

9. AGE last birthday: 70 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Home Duties

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Shady Bower- Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Abraham Fasnacht

14. MOTHER'S MAIDEN NAME: Margaret A. Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): 1 — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Frank A. Spickler- R D 1 Clear Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
44-X Immediate cause	(a)	Cerebral hemorrhage with right hemiplegia	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Hypertensive arteriosclerotic disease	unknown
(260X)	(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Diabetes Mellitus — unknown

19a. DATE OF OPERATION: 7-20-51 and 5-1-53

19b. MAJOR FINDINGS OF OPERATION: Amputation, right leg, Amputation, left leg. (Gangrene)

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 23 51 to Sept. 1, 1953, that I last saw the deceased alive on Sept. 1, 1953, and that death occurred at 11:25 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Carlos Robert Cohen M. D. — ADDRESS: Clear Spring, Maryland — DATE SIGNED: 9-3-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept. 4-53 — NAME OF CEMETERY OR CREMATORY: St. Paul's Cemetery — LOCATION (City, town, or county) (State): Rural Clear Spring Md.

DATE RECD BY LOCAL REGISTRAR: Sept 4-1953 — REGISTRAR'S SIGNATURE: Joseph W. Murray Local Registrar

25. FUNERAL DIRECTOR: Adrian F. Rowland — ADDRESS: Clear Spring, Md.

RECEIVED
SEP 1? 19??
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 301

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural-Williamsport X; LENGTH OF STAY (In this place) 34 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport, Md. RFD #2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-Williamsport X; STREET ADDRESS (If rural give location) Williamsport RFD #2 Nr. Pinesburg

3. NAME OF DECEASED: (Type or Print) (First) Linnie (Middle) Elizabeth (Last) Sword

4. DATE OF DEATH: (Month) Sept. (Day) 15, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 10, 1867

9. AGE Last birthday: 85 yrs. IF UNDER 1 YEAR: Months 9 Days 5 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Near Mercersburg, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Clark

14. MOTHER'S MAIDEN NAME: Ellen Shaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Miss Ella Sword-Daughter Williamsport, Md RFD #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33/X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 1 week

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertensive Sclerosis — 5 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1953, to Sept 15, 1953, that I last saw the deceased alive on Sept 14, 1953, and that death occurred at 1.15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) David R Ouver M.D. ADDRESS Clear Spring Md. DATE SIGNED 9/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Sept. 17, 1953; NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery; LOCATION (City, town, or county) (State) Williamsport, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept. 16-1953; REGISTRAR'S SIGNATURE E Lee McElroy

24. FUNERAL DIRECTOR ADDRESS Albert L. Leaf Williamsport, Maryland.

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 6 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penna COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greencastle, Penna.
STREET ADDRESS (If rural, give location) 64 Linden Ave

3. NAME OF DECEASED: (Type or Print) (First) WELLIE (Middle) BELLE (Last) TALHELM

4. DATE OF DEATH: (Month) Sept (Day) 20, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 4/21/1885
9. AGE last birthday: 68 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Greencastle, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William W. Lohman
14. MOTHER'S MAIDEN NAME: Eliza Belle Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 4 No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. B.S. Whitmore Greencastle Penna.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
260X
Immediate cause (a) Coronary Artery Thrombosis c̄ Myocardial Infarction
DUE TO
Antecedent cause(s) (b) Diabetes Mellitus c̄ (duration 4 yrs.)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) Coronary Atherosclerosis c̄ (duration 2 yrs.)
INTERVAL BETWEEN ONSET AND DEATH: 8 days.

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, to 9/20, 1953, that I last saw the deceased alive on 9/20, 1953, and that death occurred at 7:30 p.m., from the causes and on the date stated above.
SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS Greencastle Pa. DATE SIGNED 9/22/53

23. BURIAL, CREMATION REMOVAL (Specify): B
DATE THEREOF 9/24/53
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Greencastle, Pa.

DATE REC'D BY LOCAL REG. Sept. 23, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR W. E. Minnich ADDRESS Greencastle Penna.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 25
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Md. 63 — LENGTH OF STAY (in this place) 1 yrs.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS 208½ N Jonathan Street	STREET ADDRESS (If rural give location) 208½ N Jonathan Street

3. NAME OF DECEASED: (Type or Print) (First) Sydney (Middle) Thornton (Last) Taylor

4. DATE OF DEATH: (Month) 9 (Day) 3 (Year) 53

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 6-13-1899

9. AGE last birthday: 54 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Wood Mill

11. BIRTHPLACE (State or foreign country): Berryville, Va. 43

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thornton Taylor

14. MOTHER'S MAIDEN NAME: Rachel Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 227-22-5777

17. INFORMANT & ADDRESS: Ellen Taylor 208½ N Jonathan, St.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Carcinoma - Colon — Interval Between Onset And Death 1 yr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20 1949, to Sept 3rd, 1953, that I last saw the deceased alive on Sept 1, 1953, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] — ADDRESS Hagerstown Md — DATE SIGNED 9/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9-6-1953 — NAME OF CEMETERY OR CREMATORY Franklin Cemetery — LOCATION (City, town, or county) (State) Franklintown, Va.

DATE REC'D BY LOCAL REGISTRAR Sept. 5, 1953 — REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR John R Watson Jr — ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4-15

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 14 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
STREET ADDRESS (If rural give location) 132 N. Conococheague Street

3. NAME OF DECEASED: (Type or Print) (First) Susie (Middle) Catherine Marie (Last) Tyler

4. DATE OF DEATH: (Month) Sept. (Day) 11 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Jan. 6 1902

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months 8 Days 8 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Williamsport Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Gertie Burns

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: James L Tyler 132 N. Conococheague St Williamsport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: Immediate

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.1

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10/53 19 , to 9/11/53 19 , that I last saw the deceased alive on 9/11/53 19 , and that death occurred at 11:30 A.M. from the causes and on the date stated above.

SIGNATURE C. Fleming M.D. (Degree or title) ADDRESS Williamsport Md. DATE SIGNED 9/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — **DATE THEREOF** Sept 14 1953 — **NAME OF CEMETERY OR CREMATORY** Riverview Cemetery — **LOCATION** (City, town, or county) Williamsport (State) Maryland

DATE RECEIVED BY LOCAL REGISTRAR Sept. 12 1953 — REGISTRAR'S SIGNATURE Edith Bowers

24. FUNERAL DIRECTOR Albert L. Leaf — ADDRESS Williamsport Md.

RECEIVED
SEP 15 1953
BUREAU V. S.

Item 9, Film G158 10/1/53 fcy

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 1754 Preston Road

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) Lee (Last) Wallace, Jr.
4. DATE OF DEATH: (Month) Sept. (Day) 22 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9-23-1914
9. AGE last birthday: 38 ~~39~~ yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Supervisor
10b. KIND OF BUSINESS OR INDUSTRY: Fairchild Aircraft
11. BIRTHPLACE (State or foreign country): Joplin, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard L. Wallace, Sr.
14. MOTHER'S MAIDEN NAME: Ida May

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 442-12-3221
17. INFORMANT & ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

410X

Immediate cause (a) Pulmonary Infarction

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Rheumatic Heart Disease c̄ Aortic + Mitral

DUE TO (c) Stenosis, Aortic & Mitral Insufficiency, Cong. Failure

Interval Between Onset And Death: 12 hours 21 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-24, 1951, to 9-22, 1953, that I last saw the deceased alive on 9-22, 1953, and that death occurred at 5:10 AM., from the causes and on the date stated above.

SIGNATURE Dalton M. Welty (Degree or title) M. D. ADDRESS Hagerstown DATE SIGNED 9-22-53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-26-1953
NAME OF CEMETERY OR CREMATORY Calvary Catholic Cem.
LOCATION (City, town, or county) (State) Tulsa, Oklahoma

DATE REC'D BY LOCAL REGISTRAR Sept 23, 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 41

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 576 S Cannon Ave

3. NAME OF DECEASED: (Type or Print) (First) Gregory (Middle) Alan (Last) Warrenfeltz
4. DATE OF DEATH: (Month) 9 (Day) 12 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 9/10/53
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME: Glen A Warrenfeltz
14. MOTHER'S MAIDEN NAME: Dolores L. Jacobs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Glen A. Warrenfeltz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

77

Immediate cause (a) Premature Birth - 6 mo. boy. Interval Between Onset And Death 2 days.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1953, to Sept 12, 1953, that I last saw the deceased alive on Sept 17, 1953, and that death occurred at 2 Am, from the causes and on the date stated above.

SIGNATURE Philip J. Kirkman (Degree or title) MD ADDRESS Hagerstown Md DATE SIGNED 9/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/14/53
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 12 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc. ADDRESS Hagerstown Md.
Wm. G. Horst

2093161321

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 15 1953
BUREAU V. S.

BB

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 120 E. Irvin Ave.

3. NAME OF DECEASED: (Type or Print) (First) Daniel (Middle) Alvey (Last) Watkins

4. DATE OF DEATH: (Month) Sept. (Day) 29 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Mar. 5, 1877
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Surgeon
10b. KIND OF BUSINESS OR INDUSTRY: Medicine
11. BIRTHPLACE (State or foreign country): Near Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John S. Watkins
14. MOTHER'S MAIDEN NAME: Ann A. Middlekauff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: -----
17. INFORMANT & ADDRESS: Charles Watkins Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

		Interval Between Onset And Death
Immediate cause	(a) CEREBRAL THROMBOSIS	2 mos.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) CEREBRAL ARTERIOSCLEROSIS	7 yrs.
	DUE TO (c) PARALYSIS AGITANS.	4 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN. 1951, to 9-29, 1953, that I last saw the deceased alive on 9/28, 1953, and that death occurred at 11:05 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) B. B. Kinsley MD. ADDRESS 148 W. WASHINGTON St. HAGERSTOWN DATE SIGNED 9-30-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 2, 1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown Md. (State)

DATE REC'D BY LOCAL REGISTRAR Oct. 1, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son Hag. ADDRESS Md.

RECEIVED
OCT 5 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Boonsboro R
LENGTH OF STAY (in this place) 15 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R #2
STREET ADDRESS (If rural give location) 1017 W. Wash. St.

3. NAME OF DECEASED: (First) CHARLES (Middle) SAMUEL (Last) WEANT
(Type or Print)

4. DATE OF DEATH: (Month) September (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Dec. 20. 1904

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Auto Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Own Garage

11. BIRTHPLACE (State or foreign country): Chambersburg Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles W. Weant

14. MOTHER'S MAIDEN NAME: Cecilia M. Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None.

17. INFORMANT & ADDRESS: Chas. W. Weant 1017 W. Wash. St. Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple sclerosis - DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 11 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1953, to Sept 4, 1953, that I last saw the deceased alive on Sept 3, 1953, and that death occurred at 12:10 P.M., from the causes and on the date stated above.

SIGNATURE C. W. Litton (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 9/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Sept. 6. 1953 NAME OF CEMETERY OR CREMATORY United Brethren Cemetery LOCATION (City, town, or county) (State) Thurmont Md. Co. Md

DATE REC'D BY LOCAL REGISTRAR Sept. 5. 1953 REGISTRAR'S SIGNATURE John H. East

24. FUNERAL DIRECTOR M. L. Creager & Son ADDRESS Thurmont Md.

RECEIVED
SEP
BUREAU V. S

Item 9 Film G158 9/22/53 mnb

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 304

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock Md.
LENGTH OF STAY (in this place) 1 Yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAncock Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Catherine (Last) Weller
4. DATE OF DEATH (Month) 9. (Day) 5 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 1.28.1902
9. AGE last birthday 71 5 yrs. If under 1 year Months 8 Days 7 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Canning Factory
11. BIRTHPLACE (State or foreign country) Fulton County PPenna.
12. CITIZEN OF WHAT COUNTRY? U.SA.
13. FATHER'S NAME George W Harris
14. MOTHER'S MAIDEN NAME Frances Williams.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT William H weller Hancock Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Compound Fracture Skull - Rt leg below knee — INTERVAL BETWEEN ONSET AND DEATH 15 minutes

812X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY street (CITY OR TOWN) Hancock (COUNTY) Washington (STATE) Md
TIME OF INJURY (Month) 9-5-53 (Day) (Year) (Hour) 9:15 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Crossing street struck by passing auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Sr EW Ditto Jr (Degree or title) acting Sep Med Exam ADDRESS Hagerstown Md DATE SIGNED 9/5/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9.9.53
NAME OF CEMETERY OR CREMATORY Stone Bridge Brethern
LOCATION (City, town, or county) (State) Near HAncock Washington Md.
DATE REC'D BY LOCAL REG. 9-9-53
REGISTRAR'S SIGNATURE C Weller
24. FUNERAL DIRECTOR Howard J Grove Hancock Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09478

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY WASHINGTON — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN 03

LENGTH OF STAY (in this place): 1 Day

HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASH. COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND — COUNTY WASH.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN 02

STREET ADDRESS (If rural give location): 16 NORTH POTOMAC STREET

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELIZABETH (Last) WELLER

4. DATE OF DEATH: (Month) SEPT. (Day) 12 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
FEMALE	WHITE	SINGLE	DEC. 3, 1885	67 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	INTER WOVEN HOSIERY	ORCHARD RIDGE, MD.	U.S.A.

13. FATHER'S NAME: JEREMIAH WELLER

14. MOTHER'S MAIDEN NAME: LUCINDA KEEFER WELLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	214-09-4330	MRS. RAYMOND REED 16 NORTH POTOMAC ST.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157 X

Immediate cause (a) DUE TO: Malignancy of pancreas

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: with obstructive jaundice

(c)

Interval Between Onset And Death: 8 mos

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none 0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
none				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 53, to Sept/12/53, that I last saw the deceased alive on 9/11/53, and that death occurred at 4:45 A EDT, from the causes and on the date stated above.

SIGNATURE (Degree or title): S. Robert Wells, MD — ADDRESS: Hagerstown, Md. — DATE SIGNED: Sept/12/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF?	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	SEPT. 14, 1953	REST HAVEN CEMETERY	HAGERSTOWN, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: Sept. 13, 1953 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: KRAISS FUNERAL HOME 139 NORTH POTOMAC ST.

RECEIVED
SEP 15 1[illegible]
BUREAU V. S.

Item 7, Film G158 9/17/53 fcy

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09479

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Braxton Alley, Hagerstown X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick ~~Washington~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick 10-11-2
STREET ADDRESS (If rural, give location) 104 W. 6th St.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) W. (Last) WHITEN
4. DATE OF DEATH: (Month) September (Day) 7 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 1 June 1926
9. AGE last birthday: 27 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Government Camp
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James Whiten
14. MOTHER'S MAIDEN NAME: Minnie Herbert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: ?
17. INFORMANT AND ADDRESS: Mrs. Betty V. Dixon, Frederick, Md. ~~10h W. 6th St.,~~

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple gunshot wounds — Interval between onset and death:

9817 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — Interval between onset and death:

(c) — Interval between onset and death:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ ~~CAUSE OF DEATH~~.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY alleyway
(CITY OR TOWN) Hagerstown (COUNTY) Washington (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 7th 1:00 A. m.
INJURY OCCURRED While at work ☐ Not while at work ☒ 1
HOW DID INJURY OCCUR? Shot while walking in alleyway

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Joseph A. Jachimczyk Ass't. Medical Examiner-700 Fleet St.-Balto.2,Md. 9/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11 Sept 1953
NAME OF CEMETERY OR CREMATORY Sunnyside Methodist Cemetery
LOCATION (City, town, or county) (State) RD#4, Frederick, Md.

DATE REC'D BY LOCAL REG. Sept.10.1953
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland
ADDRESS

Recd from Frank R. Smith Jr. Dep. Reg. Frederick, Md

VS. A15A

Joseph A. Jachimczyk

RECEIVED
SEP 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09480

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN 03 | LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 26 NORTH MULBERRY STREET X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY WASH.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN 03
STREET ADDRESS (If rural, give location) 26 NORTH MULBERRY STREET

3. NAME OF DECEASED (Type or Print): (First) LOUISE (Middle) ANN (Last) YOUNG

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 29, 53

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: NOV. 24, 1913

9. AGE last birthday: 39 yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME DUTIES

11. BIRTHPLACE (State or foreign country): HAGERSTOWN

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HARRY CHARLES DORSEY

14. MOTHER'S MAIDEN NAME: ANNIE ELIZABETH DETRICH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: CALVIN E. YOUNG 26 N. MULBERRY ST.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33 / X

Immediate cause (a)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Cerebral Hemmorhage

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) S. Robert Wells M.D., DEPUTY MEDICAL EXAMINER WASH. CO., MD. ADDRESS Hagerstown, Md. 315 N. Potomac St DATE SIGNED 10-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF OCTOBER 2, 53 | NAME OF CEMETERY OR CREMATORY REST HAVEN CEMETERY | LOCATION (City, town, or county) (State) HAGERSTOWN, MARYLAND

DATE REC'D BY LOCAL REG. Oct. 2 1953 | REGISTRAR'S SIGNATURE S. Robert Bowers

24. FUNERAL DIRECTOR ADDRESS E. W. KRAISS 139 NORTH POTOMAC STREET

RECEIVED
OCT 5 1953
BUREAU V. S.